981

NEWARK PUBLIC LIBRARY

OCT 20 1982

U. S. GOVT. PUBS.
DEPOSITORY 376

THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

EIGHTH ANNUAL REPORT OF THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
TO THE CONGRESS OF THE UNITED STATES ON
SERVICES PROVIDED TO HANDICAPPED CHILDREN
IN PROJECT HEAD START

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

1981

HE 23.1012:

TABLE OF CONTENTS

		Page
SUMMARY		ii
CHAPTER 1	Handicapped Children in Head Start - Background Information	1
	A. Purpose of This Report	1
	B. Overview of Head Start Policies on Services to Handicapped Children	1
CHAPTER 2	Status of Handicapped Children in Head Start	8
	A. Number of Handicapped Children Enrolled	9
	B. Type of Handicaps	11
	C. Severity of Handicaps	16
CHAPTER 3	Services to Handicapped Children	18
	A. Outreach and Recruitment	18
	B. Diagnosis and Assessment of Handicapped Children	19
	C. Mainstreaming and Special Services	21
	D. Training and Technical Assistance	27
	E. Coordination With Other Agencies	33
	F. Summer Head Start Programs	33
APPENDIX A	Survey Results of Handicapped Children in Head Start by State (or Geographical Entity)	
APPENDIX B	Distribution of Programs Reporting Types of Special Educational or Related Services Provided by Head Start Staff by Handicapping Condition	
APPENDIX C	Distribution of Programs Reporting Types of Special Services Received From Other Agencies by Handicapping Condition	
APPENDIX D	Distribution of Programs Reporting Types of Special Services Provided to Parents of Handicapped Children by Handicapping Condition	

SUMMARY

Section 513(e) of the Economic Opportunity Act of 1964, as amended (P.L. 93-644), requires "that for Fiscal year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children. . . and that services shall be provided to meet their special needs." The term "handicapped children" is defined in Section 602 of P.L. 91-230* to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with special learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services. Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although Head Start alone cannot meet the needs of such a large population of handicapped children, it is making a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported in 1973. However, this year the proportion which they represent of the total program has remained about the same as in 1978-79.

This report is based on the Survey of Head Start Handicapped Efforts in the 1979-80 Full Year and 1979 Summer Head Start programs as well as other supplementary data. It discusses the status of handicapped children in those Head Start programs (99.8 percent) that responded to the survey.

Highlights are:

- The number of handicapped children served by reporting programs increased by 2,350 children.

- Children professionally diagnosed as handicapped accounted for 12 percent of the total enrollment in full year programs. In the 1978-79 program year, children professionally diagnosed as handicapped accounted for 11.9 percent of the total enrollment in full year programs.

- In 47 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in full year programs. California, Connecticut and North Carolina failed to meet the congressionally mandated 10 percent. This issue is discussed in Chapter 2.

---

* This requirement is currently found at Section 640(d) of the Head Start Act, P.L. 97-35 (The Omnibus Budget Reconciliation Act of 1981).

* Education of the Handicapped Act.

The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 55.8 percent speech impaired, 12 percent health impaired, 6.6 percent seriously emotionally disturbed, 6.3 percent mentally retarded, 6.2 percent physically handicapped (orthopedically handicapped), 5.8 percent specific learning disabled, 3.6 percent hearing impaired, 3.1 percent visually impaired, 0.3 percent deaf, and 0.3 percent blind.

The percentage of speech impaired children enrolled in Head Start was increased 2.6 percent over the enrollment of 53.2 percent reported in the previous full year survey. The 55.8 percent speech impaired is lower than the percentage of preschool handicapped children that the public schools report as speech impaired, but shows a steady increase since the first Annual Report to Congress which recorded that 31 percent of the handicapped children were speech impaired.

- In 1980, approximately 98 percent of all Head Start programs had enrolled at least one handicapped child.

- Handicapped children were present in 88.8 percent of Head Start centers and 79.6 percent of Head Start classrooms.

These figures indicate that the enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis, i.e., that mainstreams preschool handicapped children. Preschool programs that mainstream handicapped children give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some children who, for a variety of reasons, may do better at first in a non-mainstream environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

All handicapped children who were enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards for all Head Start children. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, they received the special education and related services required by the Head Start legislation. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Some 93.3 percent of the Head Start programs reported special efforts to locate and recruit handicapped children.

Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Of the 43,689 handicapped children who were enrolled in Head Start in reporting programs, 29.2 percent were diagnosed by a single professional employed by Head Start (including consultants); 26.6 percent were diagnosed by professionals working in hospitals, clinics, or other public agencies; 17.8 percent by private physicians or other medical professionals; 13.7 percent by Head Start diagnostic teams (including consultants); and 12.7 percent by public agency diagnostic teams.

Head Start programs continued to increase their own staffs, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. They also continued to use other agencies as sources of medical treatment and therapy (e.g., physical education exercises, speech training, and play therapy). A person was designated to coordinate services for handicapped children in 94.7 percent of the programs. About 18 percent of the programs required special modifications in their physical facilities in order to serve handicapped children; 76.5 percent of these had made or had scheduled the modifications; 61.2 percent of the responding programs had acquired or were acquiring special equipment or materials; 13.9 percent of all programs indicated the need for special transportation equipment.

In order to insure appropriate and high quality educational and developmental experiences for handicapped children, priority has been given to staff training with emphasis on teachers, aides, and health services coordinators. Some 78.9 percent of the programs provided preservice training to current staff, and 92.5 percent of the programs had provided inservice training to current staff. Up to 81.2 percent of the programs reported that further preservice training was needed and 83.6 percent reported the need for further inservice training.

Head Start programs reported a number of special services provided to parents of handicapped children, including counseling; referrals to other agencies; visits to homes, hospitals, etc.; inservice meetings; parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Head Start and other agencies and organizations concerned with handicapped children coordinate efforts in order to make maximum use of their limited individual resources. Programs reported working with other agencies in several ways:

- Between 70 and 71.5 percent of the programs utilized local school systems, public health departments, and welfare agencies to locate and recruit handicapped children.

- 26.5 percent of the handicapped children were referred to Head Start by other agencies or individuals; 20.9 percent were referred and professionally diagnosed prior to Head Start.

- 55 percent of the children received special services from other agencies or individuals.

READEX MICRO best copy available

Eight program manuals have been written to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with teams of national experts and Head Start teachers, under the direction of the Head Start Bureau in the Administration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of handicapped children, 3 through 21 years of age, currently being served. As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education agencies to insure that children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the State count. In addition, Head Start programs coordinated their searches for unserved handicapped children with the statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel have also taken steps to increase their ability to use other resources such as the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs and talents. Additionally, the Head Start program provides the special services required by handicapped children.

The success of Head Start in the implementation of mainstreaming preschool handicapped children is largely attributable to the development and operation of a national network of projects called Resource Access Projects (RAPs). In addition to providing training and technical assistance services, the RAPs are a major force in working with schools and other agencies in facilitating the delivery of services to handicapped children. As a result, Head Start and the RAPs are seen throughout the country as a significant source of services for preschool handicapped children.

To assure optimal transition by handicapped Head Start children into the public school, Head Start personnel serve as advocates for these children, helping parents understand how they can participate in developing the individualized plans for their children. They plan with parents and provide an Individual Educational Program (IEP) for each handicapped child.

CHAPTER 1

Handicapped Children in Head Start

Background Information

A. Purpose of This Report

This is the Eighth Annual Report to the Congress on Head Start Services to handicapped children. Pursuant to the Economic Opportunity Act of 1964, as amended (P.L. 93-644), this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided to them.

B. Overview of Head Start Policies on Services to Handicapped Children

Section 513(e) of the legislation requires "that for Fiscal Year 1976 and thereafter, no less than 10 percentum of the total number of enrollment opportunities in Headstart programs in each State shall be available for handicapped children. . . and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

The term handicapped children is defined in Head Start legislation to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Head Start Bureau of ACYF has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would be detrimental to the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening, and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation to provide an adequate basis for special educational, treatment and related services. Head Start programs must insure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to insure that no individual child or family is mislabled or stigmatized with reference to a handicapping condition. Emphasis is placed on assuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education (formerly the Bureau of Education for the Handicapped of the Department of Education) and other agencies that serve handicapped children reviewed the reporting criteria then being used for reporting purposes. Based on that review, an expanded set of criteria was issued by Head Start. The expanded criteria included the addition of a "learning disabilities" category in order to be consistent with the Education for All Handicapped Children Act of 1975 (P.L. 94-142). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, they were specifically tailored to the developmental levels of the preschool population, aged 3-5.

Table A presents the diagnostic criteria used in reporting handicapping conditions of the children.

TABLE A

Diagnostic Criteria for Reporting
Handicapped Children in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

Blindness - A child shall be reported as blind when any one of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal

*Multiple handicaps: Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.

blindness in the state of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap) - A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially non-functional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the state of residence.

Hearing Impairment (Handicap) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Handicap (Orthopedic Handicap) - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping condition, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac

conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, or neurological disorders.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

Specific Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

4. Severely and Substantially Handicapped Children - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation, and who by reason of their handicap require special education and related services (see Table A, Page

2). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment requirements. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions, but who do not require special services, will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with nonhandicapped children. Severely handicapped children are enrolled in Head Start except when the professional diagnostic resource recommends that the placement would be detrimental to the child.

5. Services for the Handicapped Child - Head Start grantees and delegate agencies must insure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services--education, social services, parent involvement, and health services (including medical, dental, mental health and nutrition)--should consider the child's needs, his or her developmental potential, and family circumstances. In addition, special educational services and support services are provided to meet the unique needs of the individual handicapped child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an

integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. Program Models - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally-designed option, a variation in center attendance option, and the standard five-day center-based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on the professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment, and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to insure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the state count on which allocation of Federal education for handicapped funds is based. Head Start programs are also working with statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for all Handicapped Children Act of 1975 and by other state and local funding auspices. Head Start encourages such arrangements.

9. Ten Percent Handicapped Enrollment by State - Head Start's objective is to achieve at least 10 percent enrollment of handicapped children by state and to provide the special education and related services necessary to meet the children's needs. Primary responsibility for assuring that at least 10 percent of Head Start enrollment opportunities within each state are available to handicapped children is placed at the ACYF Regional Office level. The Regional Offices work with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Handicapped Children in Head Start

Section 513(e) of the Head Start legislation requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Headstart programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the 1980 Survey of Head Start Handicapped Efforts conducted for the ACYF, Division of Research, Demonstration and Evaluation by Informatics Inc. The basic information contained in this report on full year Head Start programs was collected by mail and telephone procedures. The 1980 survey questionnaires were mailed to all Head Start grantees and delegate agencies in January 1980. Head Start programs responded on the status of handicapped children as of March 1980. (A similar survey was conducted of Summer 1979 Head Start programs. Data on these programs are presented in Chapter 3.)

Unless otherwise stated, the data in this report refer to those Full Year Head Start grantees and delegates (i.e., programs) that responded to the survey. Of the total number of questionnaires mailed to 1,784 Head Start full year programs, responses were completed and returned for a total of 1,780 programs--a response rate of 99.8 percent. This is the highest response rate achieved since the beginning of this annual survey.

The mailout survey was organized into five major sections:

1. General Information - Data on both handicapped and nonhandicapped children, including enrollment rates by home-based and center-based options and the Parent and Child Centers, number of centers and classes, number of programs with home-based options, enrollment of handicapped children by age, and outreach activities.

2. Staffing - Number and type of staff and volunteers.

3. Staff Training - Preservice and inservice training, including number of participants, hours of participation, topics, providers of training, and additional training needs and their approximate cost.

4. Physical Facilities, Equipment and Materials - Modification requirements for handicapped children, special transportation acquired and needed.

5. Enrollment of Handicapped Children Professionally Diagnosed at the Time of the Survey and the Services Provided - Data reported by each of the handicap categories on numbers enrolled, ages of children, sources of diagnosis, levels of assistance required, multiple handicaps, and services received (special services from other agencies, special educational or related services in the classroom, services to parents).

Information concerning diagnoses and the types of services provided were addressed by the category of handicap: blindness, visual impairment, deafness, hearing impairment, physical handicap (orthopedic handicap), speech impairment (communication disorder), health impairment, mental retardation, serious emotional disturbance, and specific learning disabilities.

Special telephone interviews were conducted in August 1980, with the nonrespondent full year programs to obtain a profile of the nonrespondents in comparison to the respondents. The data from the telephone interviews substantiate the findings from the survey as representative of all Head Start programs.

A telephone validation survey was also conducted in August 1980, with a 10 percent sample of those full year respondents for whom questionnaires were considered error free. The programs were randomly sampled by region and state for this validation survey. The data from these programs support the overall survey results, suggesting that, at the time of the original survey, programs accurately reported the status of the handicapped Head Start children. The findings of the survey data are also consistent with information available from site visits by Head Start national and regional staff to Head Start programs serving handicapped children and from other independent sources.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Many of these children will not be served because there simply are not enough resources. Although Head Start, with its current enrollment level, cannot meet the needs of all these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. Both the number of handicapped children enrolled in Head Start and the proportion which they represent of the total program enrollment have increased since the data were first reported in 1973. All but a small fraction of these children are being mainstreamed.

---

*The Survey of Income and Education conducted by the Bureau of Census for the Office of Education, 1976 reported that the number of children in poverty in the age group 3-5 is 1,900,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent, or 190,000, of these children are handicapped.

Highlights are:

- There were 43,689 handicapped children served in reporting Head Start programs in 1980. The enrollment in last year's reporting programs was 41,339, indicating that 2,350 more children were served in 1980 than in 1979.

- Children professionally diagnosed as handicapped accounted for 12 percent of total enrollment in full year programs.

- In 47 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment in full year programs.

While Head Start has exceeded the 10 percent mandate nationally with a 12 percent enrollment, three states (North Carolina, with enrollment of 9.9 percent; California, with 9.8 percent; and Connecticut, with 8.9 percent) did not meet the mandate. Five years ago, almost half (23 states) failed to achieve the minimum; four years ago, five states fell short of the 10 percent target; three years ago, California, with an enrollment of 8.9 percent, failed to achieve the 10 percent level; two years ago, Hawaii, with an enrollment of 9.5 percent, fell below the minimum; and last year, three states, Texas, Hawaii and California, did not achieve the 10 percent level.

In the case of the three states that did not meet the mandated 10 percent, efforts are underway to correct the situation. The ACYF Regional Offices have been directed to work with the Head Start programs in these three states to identify the reasons for the underenrollment of handicapped children and to devise specific strategies for increasing their enrollment of handicapped children.

Other geographic entities reported the following proportion of enrollment of handicapped children: Guam, 27.3 percent; Puerto Rico, 14.1 percent; District of Columbia, 6.1 percent; Virgin Islands, 2.2 percent; American Samoa, 1.2 percent; and the Trust Territories of the Pacific Islands, 0.7 percent.

Indian programs reported 8.7 percent handicapped children enrolled, and Migrant programs 6.9 percent. (Appendix A provides enrollment data for each state and geographic entity, and Indian and Migrant programs.)

Efforts are also underway to increase the enrollment of handicapped children in these geographic entities (except Guam and Puerto Rico) and Indian and Migrant programs.

Ninety-seven and three fifth's percent of the full year Head Start programs served at least one handicapped child. The proportion of programs enrolling at least one handicapped child has generally increased since 1975. In that year, 88 percent of the programs served at least one handicapped child; 95 percent in 1976, 97 percent in 1977, 98 percent in 1978, and 96 percent in 1979. Additionally, 88.8 percent of all Head Start centers and 79.6 percent of all Head Start classes served at least one handicapped child during the 1979-80 program year.

There were 2,530 handicapped children served in the home-based option, a program which uses the home as the central facility and focuses on the parents as the primary factor in the child's development. These children represent 5.8 percent of all handicapped children in Head Start, and 9.4 percent of all of the Head Start children who are served in the home-based option. Close to half, 46.8 percent, of these children (1,184) attended a Head Start center at least once a week. Additionally, 770 handicapped children who were in the home-based option last year were in the center-based option this year. This is an indication that the home-based option is being utilized appropriately, as a transition and supplement to the center-based mainstreaming situation, rather than as a substitute for it.

Of the 43,689 handicapped children served by reporting Head Start programs, 21.1 percent were 3 years of age or under, including children in Parent and Child Centers, 56.5 percent were 4 years old, 19.7 percent were 5 years old or older, and 2.7 percent were 6 years of age or older. (Head Start children 6 years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern states.)

Approximately 68.5 percent of Head Start programs have enrolled at least 10 percent handicapped children. The proportion of Head Start programs serving at least 10 percent handicapped children steadily increased through 1978, but has decreased slightly in 1979 and 1980. During the current survey year, approximately 7 out of every 10 Head Start programs had achieved the benchmark of 10 percent handicapped children.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, or children with specific learning disabilities who require special education and related services."

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Figure 1 and Table 1 as a proportion of the total population of handicapped children in full year Head Start programs that responded to the survey. Of the handicapped children enrolled in Head Start, 55.8 percent have been diagnosed as speech impaired. Although this represents an increase of 2.6 percent over last year, it is less than the percentage of preschool handicapped children categorized as speech impaired by the public schools (see Figures 1 and 2).

FIGURE 1

PRIMARY OR MOST DISABLING HANDICAPPING CONDITION OF HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START

January - March 1980

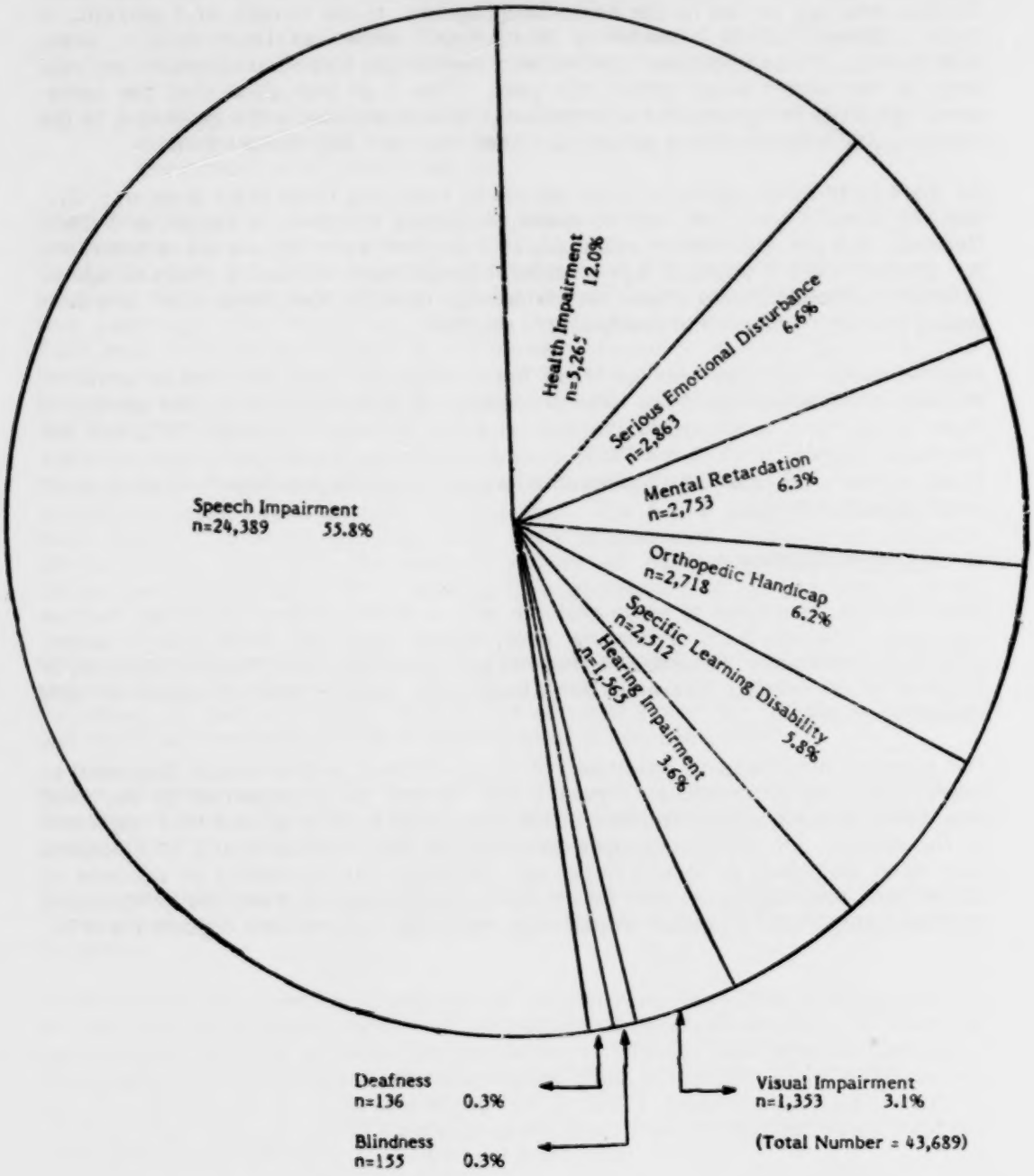
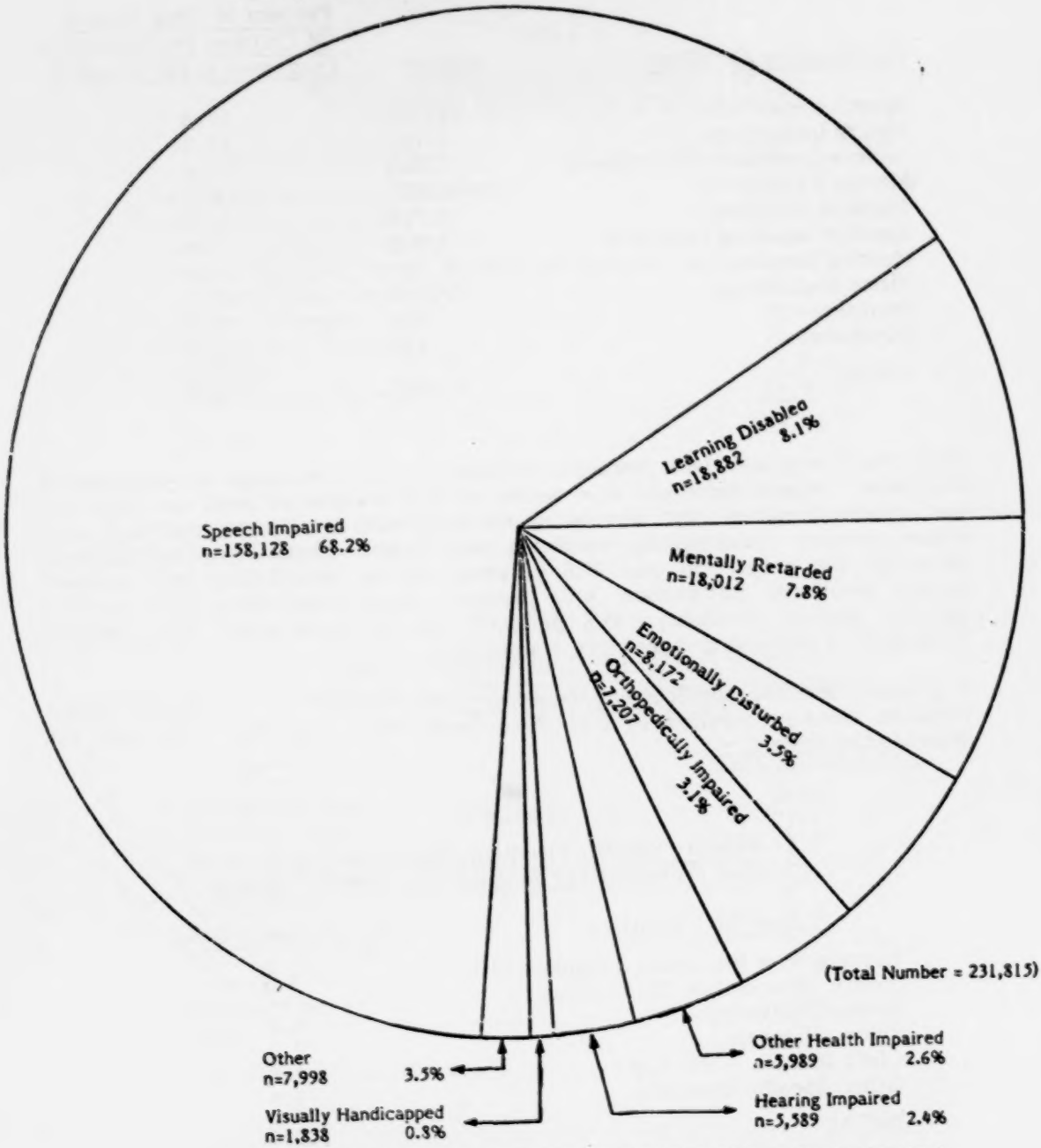


FIGURE 2

DIAGNOSTIC CATEGORY OF HANDICAPPED CHILDREN AGES 3-5 SERVED AS REPORTED BY STATE EDUCATION AGENCIES*

December 1, 1979

*Source: Data from the Office of Special Education, U.S. Department of Education. The data were reported by State Education Agencies as child count figures for 3-5 year old children served.



NOTE: The Visually Handicapped category includes blind children; Hearing Impaired includes deaf children; and Other includes deaf-blind and multiple handicapped children.

TABLE 1

Types of Handicapping Conditions of Children Professionally Diagnosed as Handicapped Being Served by Full Year Head Start Programs

Handicapping Condition	Number	Percent of Total Number Of Children Professionally Diagnosed as Handicapped
Speech Impairment	24,389	55.8
Health Impairment	5,265	12.0
Serious Emotional Disturbance	2,863	6.6
Mental Retardation	2,753	6.3
Physical Handicap	2,718	6.2
Specific Learning Disability	2,512	5.8
Hearing Impairment	1,565	3.6
Visual Impairment	1,353	3.1
Deafness	136	0.3
Blindness	135	0.3
TOTAL	43,689	100.0

Head Start programs have enrolled children with a wide range of handicapping conditions. Ninety-three and nine tenths percent enrolled at least one child who was speech impaired; 61.1 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 57.6 percent; mental retardation, 44.6 percent; serious emotional disturbance, 45.2 percent; visual impairment, 35.2 percent; specific learning disability, 34.8 percent; hearing impairment, 35.8 percent; blindness, 7.1 percent; and deafness, 6.6 percent.

A primary specific handicapping condition was reported for the 24,389 speech impaired children enrolled in Full Year Head Start programs. The data are presented in Table 2.

TABLE 2

Primary Specific Handicapping Conditions of Children Professionally Diagnosed as Speech Impaired

Specific Conditions	Percentage of Total
Expressive or Receptive Language Disorders	44.9
Severe Articulation Difficulties	44.2
Severe Stuttering	2.8
Voice Disorders	2.5
Cleft Palate, Cleft Lip	1.9
Other Speech Disorders	3.7
TOTAL	100.0

A primary specific handicapping condition was reported for 5,265 health impaired children enrolled in Full Year Head Start programs. The data are presented in Table 3.

TABLE 3

Specific Handicapping Conditions of Children Professionally Diagnosed as Health Impaired

Specific Conditions	Percentage of Total
Epilepsy/Convulsive Disorders	17.5
Respiratory Disorders	16.8
Heart/Cardiac Disorders	12.6
Blood Disorders (e.g., Sickle Cell Disease, Hemophilia, Leukemia)	11.3
Severe Allergies	10.4
Neurological Disorders	9.8
Diabetes	1.7
Other Health Disorders	19.9
TOTAL	100.00

A primary specific handicapping condition was reported for the 2,718 physically handicapped children. The data are presented in Table 4.

TABLE 4

Specific Handicapping Conditions of Children Professionally Diagnosed as Physically Handicapped (Orthopedically Handicapped)

Specific Conditions	Percentage of Total
Orthopedic Impairment	31.1
Cerebral Palsy	23.4
Congenital Anomalies	12.0
Deformed Limb	7.6
Spina Bifida	5.8
Bone Defect	3.5
Absence of Limb	3.0
Cripple	2.9
Severe Scoliosis	1.1
Other	9.6
TOTAL	100.0

A primary specific handicapping condition was reported for all of the specific learning disabled children. The data are presented in Table 5.

TABLE 5

Specific Handicapping Conditions of Children
Professionally Diagnosed as Specific Learning Disabled

Specific Conditions	Percentage of Total
Motor Handicaps	28.7
Perceptual Handicap	21.9
Sequencing and Memory	17.8
Minimal Brain Dysfunction	9.3
Hyperkinetic Behavior	7.9
Developmental Aphasia	5.6
Dyslexia	2.0
Other	6.8
TOTAL	100.0

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

- 10,981, or 25.1 percent of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions. This is a slight decline from the 11,078 multiply handicapped children reported last year and represents the second consecutive year of decline (multiply handicapped children represented 27.7 percent of all handicapped children in 1977-78 and 26.8 percent last year).

Analysis by type of handicap is revealing. Compared to other handicapping conditions, mentally retarded children show the highest incidence of multiple handicap (70.4 percent) and deaf children the next highest (66.2 percent). Table 6 provides specific data on the number of children who have multiple handicapping conditions.

TABLE 6

Distribution of Number of Children by Primary or Most Disabling Handicap Who Have One or More Other Professionally Diagnosed Handicapped Conditions

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One or More Other Conditions
Mental Retardation	2,753	1,938	70.4
Deafness	136	90	66.2
Hearing Impairment	1,565	839	53.6
Specific Learning Disability	2,512	1,112	44.3
Blindness	135	52	38.5
Physical Handicap	2,718	1,039	38.2
Serious Emotional Disturbance	2,863	1,009	35.2
Health Impairment	5,265	1,370	26.0
Visual Impairment	1,353	329	24.3
Speech Impairment	24,389	3,203	13.1
TOTAL	43,689	10,981	25.1

Finally, 22.6 percent of the handicapped children served required almost constant special assistance, 51.5 percent a fair amount of assistance, and 25.9 percent little or some assistance. These data suggest a slight increase in the level of severity of handicapping conditions over last year.

CHAPTER 3

Services to Handicapped Children

Local Head Start programs developed and carried out activities and services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own staff, facilities, and other capability to meet the needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services and technical assistance. This chapter reports on the degree to which these activities and services are being performed, utilization of additional staff, and the need for facilities, training, and other capabilities to continue to meet the needs.

A. Outreach and Recruitment

Of the programs responding, 93.3 percent reported special efforts to locate and recruit handicapped children. The proportion of programs reporting these special outreach efforts is slightly higher than reported in 1979 (92.3 percent).

A wide variety of sources were used by Head Start programs for outreach and recruitment. Most common among these were referrals by parents of Head Start siblings (73.6 percent), former Head Start parents (72 percent), public health departments (71.5 percent), welfare agencies (71 percent), local school systems (70 percent), and newspaper articles (63.1 percent). More than half of the programs also utilized door-to-door canvassing, other agencies, letters, passing out leaflets, and radio or television announcements.

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Of the reporting programs, 641 (36.3 percent) reported 2,973 handicapped children that they were not able to enroll. Last year there were 2,502 children that Head Start could not enroll. Table 7 indicates the reasons why these children could not be enrolled. Most common among these reasons were: children's family did not meet income guidelines (this is in spite of the fact that Head Start programs tend to enroll some handicapped children as a part of their allowable over-income children); no openings were available; other agencies serve these children; and they did not fit age guidelines.

Four handicapping conditions accounted for over three-fourths of the children not enrolled. Speech impaired children comprised 41.4 percent of all children not enrolled; mentally retarded children, 13.2 percent; physically handicapped, 12.2 percent; and health impaired, 10.1 percent.

For children who could not be enrolled, Head Start programs followed through to provide an alternative. Of the programs which could not enroll one or more handicapped children, 79.7 percent referred these children to other agencies.

TABLE 7

Rank Ordering of Reported Reasons Why Some Handicapped Children Located by or Referred to Full Year Head Start Programs were Not Enrolled

Reasons for Not Enrolling Some Handicapped Children	Number of Programs	Percent of the 641 Reporting Programs
Child's family didn't meet income guidelines	247	38.5
No available openings	239	37.3
Other agencies already serving child [1]	211	32.9
Did not fit age requirement	178	27.8
Child's parents refused	143	22.3
Lack of adequate transportation	122	19.0
Child's handicap was too severe for him to benefit	111	17.3
Other	98	15.3

B. Diagnosis and Assessment of Handicapped Children

Handicapped children are defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services."[2] This definition excludes children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to insure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by appropriate professionals. At the time of the survey, all of the 43,689 children reported as handicapped had been diagnosed by qualified professionals.

Of these children, 29.2 percent had been diagnosed by Head Start professionals (including consultants), 26.6 percent by public agency professionals, 17.8 percent by private physicians, 13.7 percent by Head Start diagnostic teams (including consultants), and 12.7 percent by public agency diagnostic teams. Thus, the

[1] Head Start programs do, however, serve children who are also served by other agencies when this would lead to the full provision of comprehensive services for the child.

[2] Section 602 of the Education of the Handicapped Act (P.L. 91-230).

emphasis on Head Start participation in diagnosis of handicapped children is reflected in the evidence that 42.9 percent of all children were diagnosed by Head Start personnel or designated consultants. Of the 43,689 children, 20.9 percent had been referred by other agencies or individuals and diagnosed prior to Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Table A in Chapter 1) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to insure confidentiality and to guard against mislabeling. No individual child is identified publicly as "handicapped." Only the aggregate numbers of children with specific handicapping conditions are reported by local Head Start programs to the ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An individualized program plan is developed based upon the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special education and related services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents and the child's teacher.

Step 4: Ongoing assessment of the child's progress is made by the Head Start teacher, the parents, and as needed by the diagnostic team. The individualized program plan and the delivery of services is modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for future treatment, (2) an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child, and (3) transfer of files with parental consent. Public school is the primary agency responsible for following up to insure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team with close and continuing involvement of parents, appears to be the best way to assure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services--medical, dental, nutritional, mental health, social services, and parent participation--tailored to the specific capabilities of each child. In addition, handicapped children receive special education, therapy or other services, either within Head Start or as provided by other agencies. Parents of handicapped children receive training, counseling, and support to help manage their handicapped child.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children early can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs where handicapped children are mainstreamed give disabled children a chance to play and learn with children who will someday be their co-workers, friends and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capacities.

A two-year evaluation of mainstreaming in Head Start, conducted for ACYF,* indicated that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start. The study established that high levels of time spent in a mainstreaming situation was positively related to developmental gains and increased positive social interaction by Head Start handicapped children. Although trends varied as a function of the child's handicap and were not always statistically significant, the study does provide a validation of successful efforts by Head Start.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program . Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis. In 1980, 97.6 percent of the Head Start programs that responded to the survey had enrolled at least one handicapped child. This is an increase from the 96 percent of the Head Start programs in 1979. Moreover, the survey showed that handicapped children were present in 88.8 percent of the Head Start centers and 79.6 percent of the Head Start classrooms in 1980. These levels are approximately the same as 1979.

Special Services - Handicapped children have special needs which may require special services, equipment and materials, and modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1978, 1979, and 1980, by reporting Head Start programs.

---

*Applied Management Sciences (AMS), an independent research firm, completed their evaluation of mainstreaming in Head Start in February of 1979. For purposes of those working in programs for handicapped children, the following ordering information is provided. The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) System. ERIC, in addition to having specialized clearinghouses across the country, publishes Resources In Education (RIE), a monthly abstract journal announcing recently completed research reports and other documents of educational significance. RIE is available in libraries and along with announcements of new publications, includes ED numbers, abstracts, and prices for microfiche or hard copies of reports. Reports once listed with ED numbers are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703/841-1212). The ED numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

TABLE 8

Three Year Comparison of Special Services Provided to Handicapped Children Enrolled in Full Year Reporting Head Start Programs

Services Provided	1980	1979	1978
Total number of children who are receiving special educational or related services in the classroom from Head Start staff	35,168	30,671	27,053
Total number of children who are receiving special services from other agencies	24,040	21,849	19,656
Total number of parents receiving special services from Head Start related to their child's handicap	34,287	30,028	25,070

In each category of special services, the trend in increased number of children or parents receiving special services continues. The number of children receiving special education or related services jumped 14.7 percent from 30,671 to 35,168 for reporting Head Start programs. This increase is greater than the significant increase from 1978 to 1979 of 13.4 percent. The continued emphasis on mainstreaming handicapped children by providing these services in the Head Start classroom is reflected in these data. The total number of children receiving special services from other agencies also increased, although not as dramatically as the special educational services in Head Start. Children served by other agencies increased 10 percent from 21,849 in 1979 to 24,040 in 1980. This increase is a little less in terms of percentage than the 1978-1979 increase. Finally, the number of parents receiving special services increased significantly from 1979 to 1980. The number of parents who were provided special services by Head Start rose 14.2 percent from 30,028 to 34,287. The percent of increase is less than last year, but continues the upward trend, which has more than doubled the number of parents served since 1976.

About 80 percent of the handicapped children received special educational or related services in the classroom from Head Start staff and 55 percent received special services from other agencies. About 43 percent of the handicapped children received services from both sources and 6.7 percent received no special services at the time of the survey.

Special Services Provided by Head Start

Head Start programs provide many special educational and related services to handicapped children. These services range from individualized instruction to counseling for parents, and psychological and physical therapy. The proportion of programs providing these services varies by type of handicap and type of special services.

Head Start programs reported data on the special services provided by handicapping condition. All percentages reported for individual handicapping conditions represent the proportions only of those programs which had children with the handicapping condition. The services provided, in the general order of percentage of programs reporting these services, are as follows: individualized teaching techniques; speech therapy, language stimulation; counseling for parents or families; transportation; special teaching equipment; psychotherapy, counseling, behavior management; education in diet, food, health, and nutrition; other educational services; physical therapy, physiotherapy; and occupational therapy.

Proportions of programs providing individualized instruction ranged from 56.8 percent for health impaired children to 90.2 percent for mentally retarded children. More than three fourths of the programs also provided individualized instruction for children with specific learning disabilities and for children who were deaf, seriously emotionally disturbed, speech impaired and blind. Speech therapy and language stimulation was provided in the greatest proportion of programs (75.1 percent) to speech impaired children. It was provided in over half of the programs to children with these handicapping conditions: mental retardation, specific learning disability, hearing impairment and deafness.

Counseling was provided in the greatest proportion to parents or families of seriously emotionally disturbed children (62.2 percent). The lowest proportion was for visually impaired children (34.8 percent). Also, over half of the programs provided counseling for mentally retarded, specific learning disabled, and speech impaired children. The provision of transportation service ranged from 43.2 percent for mentally retarded children to 24.1 percent for visually impaired children.

The use of special teaching equipment to meet the special needs of each handicapped child was also frequently reported. It was used in 44.7 percent of the programs for blind children, 39.1 percent for mentally retarded children, and in 14.7 to 32.7 percent of the programs for children with other handicapping conditions. Psychotherapy, counseling, or behavior management was provided most commonly to children with serious emotional disturbance (53 percent), children with specific learning disabilities (34.9 percent), and children who were mentally retarded (33.5 percent).

Education in diet, food, nutrition, and health was most frequently given to health impaired children (35.2 percent), but also given fairly frequently to mentally retarded children (21.2 percent) and specific learning disabled children (18.4 percent). Other educational services were most frequently provided to deaf

children (15.9 percent); physical therapy most commonly to physically handicapped children (20.4 percent); and occupational therapy most commonly to mentally retarded children (9.4 percent).

Full data on all special educational or related services provided by Head Start staff by handicapping condition appear in Appendix B.

Special Services Provided by Other Agencies

Head Start also received services for handicapped children in their program from other agencies. Generally, medical diagnosis, evaluation, and testing; speech therapy; family or parental counseling; and medical treatment were the most commonly reported services received by the programs. Following these, in order of their frequency, were assistance in obtaining special services; transportation; psychotherapy, counseling, and behavior management; special equipment; education in diet and nutrition; occupational therapy; physical therapy; and other services.

Medical diagnosis, evaluation, and testing were most frequently received by programs serving health impaired children (57.6 percent). The proportion ranged from 31.2 percent to 54.9 percent for each of the other handicapping conditions. Speech therapy and language stimulation were predominantly received from other agencies by programs serving speech impaired children (71 percent), deaf children (70.8 percent) and mentally retarded children (51.8 percent).

The proportion of programs reporting that the handicapped children received family or parental counseling from other agencies varied by primary handicapping conditions. The range was from 58.6 percent of the programs with seriously emotionally disturbed children to 22.1 percent of the programs with visually impaired children.

Medical treatment was provided by other agencies to over one-half the programs serving health impaired children and physically handicapped children. The proportion ranged from 18.1 percent for speech impaired to 38.2 percent for mentally retarded children among the other handicapping conditions.

Assistance in obtaining special services was most commonly reported in programs serving deaf children (50.4 percent) while psychotherapy, counseling, and behavior management services were obtained most frequently from other agencies by programs with seriously emotionally disturbed children (57.8 percent). Transportation was primarily provided to programs serving deaf children (41.6 percent). Special equipment for children was primarily provided to programs serving deaf children (54.9 percent) and physically handicapped children (49.6 percent). Education in diet and nutrition from other agencies was concentrated mainly on programs serving health impaired children (28.4 percent), while special teaching equipment was supplied most often to programs serving blind children (46.3 percent). Occupational therapy was received by programs with physically handicapped children (21.3 percent) most frequently. Physical therapy from other agencies was most frequently utilized by programs serving physically handicapped children (55.2 percent).

Appendix C provides full data on the special services received from other agencies by handicapping condition.

Services Head Start Provided to Parents of Handicapped Children

Head Start provided numerous services to parents of handicapped children. The services provided, in the general order of percentage of programs reporting the provision of these services to parents, are as follows: counseling; referrals to other agencies; visits to homes, hospitals, etc.; inservice meetings; parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Counseling was provided to parents by more than half of the programs serving children with the following handicapping conditions: serious emotional disturbance (68.4 percent of the programs); specific learning disability (65.1 percent); mental retardation (62.9 percent); speech impairment (56.3 percent); health impairment (54.7 percent); hearing impairment (51.5 percent); and deafness (51.3 percent). Referrals to other agencies were provided to parents of mentally retarded, seriously emotionally disturbed, and learning disabled children by more than three-fifths of the programs serving these children and 44.2 percent to over half of the programs serving children with each of the other handicapping conditions. Visits to homes, hospitals, etc. ranged from over one-third of the programs serving visually impaired children to up to 53.6 percent of the programs serving mentally retarded children. Inservice and similar meetings were provided to parents by over one-half of the programs serving mentally retarded and speech impaired children, and ranged from over one-fourth of the programs serving visually impaired children to 49.2 percent of those serving children with specific learning disabilities. Parent meetings were most commonly provided to parents of specific learning disabled (47.7 percent) and mentally retarded children (47.1 percent). Transportation was most frequently provided to parents of mentally retarded (45.4 percent) and deaf children (44.2 percent). Literature and special teaching equipment were most frequently provided to parents of speech impaired (49.1 percent) and mentally retarded children (46.7 percent). Workshops were provided for parents in 20.3 percent of the programs serving blind children and ranged up to 31 percent of those serving mentally retarded children. Medical assistance was primarily made available to parents for their health impaired children (32.7 percent). Special classes were most frequently provided to parents in programs serving deaf children (21.2 percent).

Full data on services to parents of handicapped children in Head Start are reported in Appendix D by handicapping condition of the children.

Other Special Services Provided by Head Start

In 1980, 94.7 percent of the programs had a coordinator of services for handicapped children as compared to 92 percent in 1979, which continues the general increase from 89.4 percent in 1977 and 82 percent in 1976. Additionally, 65 percent of the programs reported that the coordinator was full time.

Those Head Start programs that responded to the survey also made modifications in their physical facilities in order to meet the needs of handicapped children. The survey showed that 17.6 percent of the programs required special modifications in their physical facilities to meet the needs of handicapped children. Of these 311 programs, 48.9 percent had made the modifications and 26.7 percent had modifications scheduled. Another 24.4 percent stated that modifications were still required, in addition to those made or scheduled to be made.

In order to meet the needs of handicapped children, 1,079 programs (61.2 percent) had acquired or were acquiring special equipment or materials. About 16.9 percent of these programs (182) indicated that special transportation equipment was acquired to serve the handicapped children in their program. About 13.9 percent (245) of all programs indicated the need for special transportation equipment.

D. Training and Technical Assistance

If Head Start programs are to insure appropriate and high quality educational and developmental experiences for handicapped children, staff capability to work with handicapped children is critical. Indeed, the quality of Head Start services to handicapped children hinges on such staff capability. Therefore, priority has been given to staff training with emphasis on teachers, aides and the health services coordinator. Almost four-fifths of the programs (78.9 percent) reported that preservice training has been provided to current staff, and 92.5 percent of the programs had provided inservice training to current staff. However, 81.2 percent of the programs reported that staff would require further preservice training and 83.6 percent further inservice training.

Preservice

- About half of the programs that responded to the survey provided preservice training in the areas of child development and general handicapping conditions; recognition of handicapping conditions; techniques of screening/assessment/diagnosis; and mainstreaming of the handicapped child. Additionally, 43.1 percent provided specialized in-depth training dealing with specific disabilities; most frequently reported was that of speech impairment by 33.5 percent of the programs. About one third of the programs provided preservice training in the areas of special education and curricula; health and medical needs; working with parents; and staff attitudes and sensitivity.

Inservice

- 69 percent of the programs that responded to the survey provided specialized, in-depth training dealing with specific disabilities as part of inservice training: most frequently reported was speech impairment by 55.5 percent of the programs. In addition, 62.2 percent of the programs provided training on mainstreaming

handicapped children and 61.9 percent on child development and general handicapping conditions. Over half of the programs also reported providing inservice training in the areas of working with parents, recognition of handicapping conditions, techniques of screening/assessment/diagnosis, and special education and curricula.

Programs also reported on the average number of preservice and inservice training hours. For preservice training, 54.7 percent of the programs reported an average of 1-9 hours; 35.3 percent reported an average of 10-29 hours, and 9.8 percent reported 30 or more hours. For inservice training, 39.9 percent reported an average of 1-9 hours; 45.8 percent an average of 10-29 hours; and 14 percent reported 30 or more hours of training.

Of the reporting programs, 63 percent reported that the local Head Start program, including cluster or consortium, had provided preservice training. Other providers of preservice training included private consultants (29.5 percent); Resource Access Projects (24 percent); HHS/ACYF contractors (19.3 percent); special purpose agencies (13.6 percent); and universities and colleges (13.3 percent).

Over two-thirds (70.5 percent) of the programs reported that the local Head Start programs, including cluster or consortium had provided inservice training. Others providing inservice training included Resource Access Projects (52.2 percent); private consultants (40.2 percent); special purpose agencies (23.1 percent); HHS/ACYF contractors (21.8 percent); and others such as universities and colleges (18.6 percent).

Programs further reported that 33,605 staff members had participated in preservice training and 38,067 had participated in inservice training.

Of the reporting programs, 1,236 (70.1 percent) received technical assistance from other agencies for planning or implementing training about handicapped children. The agencies or organizations providing the training included the Resource Access Projects (40.2 percent of all programs), private consultants (27.6 percent), HHS/ACYF contractors (21.4 percent), and special purpose agencies (20.1 percent). Of all programs, 547 indicated that technical assistance received was sufficient for their needs (31 percent of all programs). However, 689 indicated that additional assistance would have been helpful (39.1 percent of all programs).

At the same time, 523 programs (29.6 percent) received no technical assistance in planning their training. Of these programs 287 indicated that no assistance was needed (16.3 percent of all programs), and 236 indicated that technical assistance would have been helpful (13.4 percent of all programs).

Among reporting programs, 1,205 (68.3 percent) hired additional staff with Head Start funds earmarked to provide special assistance to handicapped children. These programs reported hiring 564 full time teaching staff, 746 part time teaching staff, 474 full time specialist staff, and 2,320 part time specialist staff (a total of 4,104 staff).

In addition to the staff hired from these funds, Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. In this regard, 759 (43 percent) of the programs arranged for 6,179 additional volunteers to provide special assistance to handicapped children and 762 (43.2 percent) utilized 3,003 additional staff from outside agencies. Of the volunteers which were utilized, 31.8 percent worked 1-9 hours per week; 19.2 percent, 10-19 hours per week; 14.7 percent, 20-29 hours per week; and 34.3 percent, 30 or more hours per week. During 1978-79, programs used 4,937 volunteers. This shows Head Start had the services of 1,242 more volunteers this year than last year. It is noteworthy that 49 percent of these volunteers gave 20 or more hours per week to this effort, indicating a considerable commitment to helping Head Start appropriately serve handicapped children.

Resource Access Projects (RAPs) - Head Start's commitment to individualization for all children, including those with handicaps, has facilitated a national thrust of mainstreaming handicapped children in a setting with nonhandicapped youngsters.

Head Start's effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start grantees in each ACYF region throughout the nation.

It is the responsibility of each RAP to:

- Identify local, regional and national resources;
- Determine local Head Start needs and match these needs with available resources;
- Coordinate the delivery of services to Head Start programs;
- Provide training and technical assistance;
- Promote and facilitate collaborative efforts between Head Start and other agencies; and
- Provide resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training designed to introduce the eight resource manuals in the series Mainstreaming Preschoolers* which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with handicapped children. The RAPs are responsible for conducting a minimum of one workshop per state, and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

In 1979-80, the RAPS trained 8,216 teachers and 3,236 others including supervisors and support staff, totaling 11,452. For the first time a third party was given responsibility for evaluating the two-day training workshops. In a sample of 400 Head Start programs contacted by the third party evaluating the training it was found that 40 percent of Head Start teachers had received RAP training during 1979-80. Evaluation by participants have shown these two day conferences to be very successful. Teachers and other Head Start staff members, including aides, directors, parents, and support staff, have indicated that they have benefited greatly from the training. Ninety percent of all trainees gave the RAP training the top two ratings on the rating scale used to evaluate training. Rating forms were mailed directly to the evaluator.

Participants indicated they learned new skills for working with handicapped children and learned to work more comfortably with handicapped children. They anticipated they would do four or five things differently as a result of training (develop plans for the individual handicapped child, use new methods to work with handicapped children in the classroom, etc.). Follow-up evaluation, conducted three to six months after the training took place, indicated that trainers had adopted an average of four new practices as a result of the training conferences. Some common responses to "what have you done differently as a result of RAP training" were "observe more closely" (50 percent), "use the Mainstreaming Preschoolers manuals" (42 percent), and "develop plans for the individual child" (32 percent).

---

*For purposes of those working in programs for handicapped children, the series of eight program manuals detailing the procedures and techniques for mainstreaming handicapped preschoolers into Head Start classrooms is for sale by the Government Printing Office. Requests should be addressed to: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Orders must be accompanied by a check or money order made payable to the Superintendent of Documents. The orders must also include titles and GPO stock numbers. The documents that are available are Mainstreaming Preschoolers: Children With Mental Retardation (GPO Stock No. 017-092-00029-4), $5.50; Mainstreaming Preschoolers: Children With Visual Handicaps (GPO Stock No. 017-092-00030-8), $5.00; Mainstreaming Preschoolers: Children With Health Impairments (GPO Stock No. 017-092-00031-5), $5.00; Mainstreaming Preschoolers: Children With Hearing Impairments (GPO Stock No. 017-092-00032-4), $3.25; Mainstreaming Preschoolers: Children With Speech and Language Impairments (GPO Stock No. 017-092-00033-2) $5.50; Mainstreaming Preschoolers: Children With Orthopedic Handicaps (GPO Stock No. 017-092-00034-1), $5.00; Mainstreaming Preschoolers: Children With Learning Disabilities (GPO Stock No. 017-092-00035-9), $4.75; Mainstreaming Preschoolers: Children With Emotional Disturbances (GPO Stock No. 017-092-00036-7), $5.00.

The RAP training and the Mainstreaming Preschoolers series of manuals have been widely acclaimed not only throughout Head Start, they have achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other federal agencies, national professional associations, volunteer organizations that provide services to handicapped children and state educational agencies. The series of manuals has recently come to the attention of the Egyptian government, and efforts are underway to have the series translated into the Egyptian language. Ten Egyptian representatives are scheduled to spend two months with one of the RAPs after which the RAP training and the translated manuals will be made available throughout Egypt. The series has been shared with other foreign governments as well. At the 1980 UNICEF Executive Board Meeting, forty-two countries requested and were sent sets of the Mainstreaming Preschoolers manuals.

Other major foci of the 15 RAPs include promoting collaboration between Head Start and other programs and agencies serving handicapped children, and facilitating the inclusion of Head Start in the state plans for serving handicapped children, pursuant to P.L. 94-142. Such written agreements have sometimes resulted in funds under P.L. 94-142 being made available on a routine basis to Head Start's handicapped children (as in South Carolina, for example). In Louisiana, the agreement ensures the opportunity for Head Start and the public school personnel to participate in training the other agency sponsors, includes Head Start personnel as a part of the team that plans the children's Individual Education Plan (IEP) when Head Start children become school age, and officially designates Head Start as an appropriate placement for handicapped preschoolers. An agreement recently signed in California will not only result in inclusion of Head Start children in the P.L. 94-142 child count but will also facilitate increased collaborative services between local schools and Head Start grantees. For example, some school districts will be increasingly utilizing Head Start programs as placements for handicapped preschoolers in order to afford them opportunities to interact with nonhandicapped children; Head Start will provide the comprehensive child development services while the special services such as speech therapy and occupational therapy will be a shared responsibility between Head Start and the school district staff.

The list of 15 RAPs in the network is provided in Table B.

TABLE B

DHHS Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. Newton, Massachusetts 02160

TABLE B (Continued)

DHHS Region	States Served	Resource Access Project (RAP)
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Georgetown University Child Development Center Washington, DC 20007
IV	Florida Georgia North Carolina South Carolina	Chapel Hill Training-Outreach Project Lincoln Center Chapel Hill, North Carolina 27514
	Mississippi	Friends of Children Head Start Jackson, Mississippi 39213
	Alabama Kentucky Tennessee	The Urban Observatory of Metropolitan Nashville Nashville, Tennessee 37203
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	Portage Project Portage, Wisconsin 53901
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Projects Division Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Denver Research Institute/SSRE University of Denver Denver, Colorado 80208

TABLE B (Continued)

DHHS Region	States Served	Resource Access Project (RAP)
IX	Arizona California Nevada	Child, Youth and Family Services Los Angeles, California 90026
	Pacific Trust Territories and Hawaii	University of Hawaii Honolulu, Hawaii 95822
X	Idaho Oregon Washington	Portland State University Division of Continuing Education Portland, Oregon 97201
	Alaska	Alaska Special Services Anchorage, Alaska 99501

E. Coordination With Other Agencies

Current Local Efforts Programs that responded to the 1980 survey reported working with other agencies in several ways. Of the 43,689 handicapped children enrolled in the programs, 11,557 (26.5 percent) had been referred to Head Start by other agencies or individuals, including welfare departments, public school systems, Easter Seal Societies and Crippled Children Associations; of those referred, 9,129 (79 percent) were professionally diagnosed prior to Head Start.

Twenty percent of the programs had received technical assistance from special purpose agencies in planning or implementing their training about handicapped children. Preservice training had been received by 13.6 percent of the programs and 23.1 percent received inservice training from special purpose agencies.

Fifty-six percent of the children received special services from other agencies. These services included speech therapy, language stimulation, physical therapy, and other therapy related to the child's specific handicapping condition, special health services, special equipment for the child, and family counseling.

Forty-three percent of the programs utilized 3,003 additional staff from outside agencies to provide special assistance for handicapped children.

A total of 346 programs (19.6 percent) had a formal written agreement with local education agencies regarding the placement of and services to be provided to handicapped children upon entry to kindergarten or first grade.

F. Summer Head Start Programs

A survey of Head Start handicapped efforts in summer programs was conducted in July and August of 1979. The final response rate was 91.6 percent (88 of the 98 summer Head Start grantees and delegate agencies), an increase from the 90.5 percent for the previous summer.

Findings with respect to Summer Head Start programs are:

- Children professionally diagnosed as handicapped accounted for 15.5 percent of the children in summer programs. This reflects an increase over the 13.8 percent reported in summer 1978, 12.1 percent in summer 1977 programs, and 11.4 percent in summer 1976 programs.
- 90.9 percent of the summer Head Start programs served at least one handicapped child. This reflects a decrease over the 93 percent reported the previous summer.

The reporting summer Head Start programs provided data on the handicapping conditions of the enrolled children. The data are presented in Table 9.

TABLE 9

Distribution of Handicapped Children in Summer Head Start by Category of Handicapping Condition

Speech Impairment (communication disorder)	52.4
Mental Retardation	10.0
Hearing Impairment	8.1
Health Impairment	7.5
Specific Learning Disability	7.2
Visual Impairment	5.3
Serious Emotional Disturbance	4.9
Physical Handicaps (orthopedic handicap)	3.8
Deafness	0.6
Blindness	0.2

Summer Head Start programs served severely handicapped children:

- 23.9 percent of the handicapped children in summer programs had multiple handicaps, a decrease from the 27 percent in the prior summer's programs.
- 48.7 percent required "a fair amount" of assistance, 12.6 percent required "almost constant" special assistance, and 38.7 percent of the handicapped children required "little or some special assistance."

Summer Head Start programs worked with other agencies or individuals:

- 24 percent of the children professionally diagnosed as handicapped were referred to Head Start by other agencies or individuals, a decrease from the previous summer when 29.5 percent were referred.

- Of those children diagnosed as handicapped, 34.6 percent were diagnosed by Head Start diagnostic teams, including consultants; 32.3 percent were diagnosed by Head Start professionals, including consultants; 15.1 percent were diagnosed by private physicians; 9.5 percent by qualified professionals in public agencies; and 8.5 percent by diagnostic teams in public agencies.

Handicapped children enrolled in Summer Head Start were receiving special educational and other services:

- 35.6 percent were receiving special services from other agencies, and 45.4 percent were receiving special educational or related services in the Head Start classroom from Head Start staff. Special services related to their child's handicapping condition were received from Head Start by 851 parents.
- In 84.1 percent of the summer programs, a person had been designated to coordinate services for handicapped children.

Special physical facilities and equipment/materials:

- Six programs required special modifications in physical facilities for handicapped children and these had been made for four of the programs.
- 30.7 percent of all reporting programs had already acquired or will acquire special equipment or materials.
- Special transportation equipment was acquired by 3 programs, and 4 programs (4.6 percent of all programs) indicated special transportation equipment was needed.

Training was provided in Summer Head Start programs:

- In 59.1 percent of the programs, current program staff had received preservice training about handicapped children. Of these programs 78.8 percent reported 1-9 hours, 13.5 percent reported 10-29 hours, and 7.7 percent 30 or more hours of preservice training per staff member.
- In 46.6 percent of the programs, inservice training about handicapped children had been provided. Of 40 programs reporting, 92.5 percent reported 1-9 hours and 7.5 percent reported 10-29 hours of inservice training per staff member.
- Program estimates for meeting additional training needs averaged $675 per program across those programs providing the estimate.

APPENDIX A

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1979-1980

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number Of Children	Number of Children Professionally Diagnosed As Handicapped January-March 1980	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1980
Alabama	37	8,955	1,033	11.54
Alaska	3	764	79	10.34
Arizona	17	2,940	355	12.07
Arkansas	19	5,301	677	12.77
California	144	27,362	2,687	9.82
Colorado	25	4,198	545	12.98
Connecticut	24	3,962	353	8.91
Delaware	5	825	112	13.58
District of Columbia	7	1,869	114	6.10
Florida	30	10,202	1,072	10.51
Georgia	43	9,212	1,163	12.62
Hawaii	5	1,107	136	12.29
Idaho	9	1,021	241	23.60
Illinois	69	17,810	1,996	11.21

*Excluding Migrant and Indian Programs within States, as applicable.

APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1979-1980

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number Of Children	Number of Children Professionally Diagnosed As Handicapped January-March 1980	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1980
Indiana	34	5,268	806	15.30
Iowa	23	2,873	425	14.79
Kansas	21	2,610	488	18.70
Kentucky	45	9,174	1,281	13.96
Louisiana	35	8,537	1,108	12.98
Maine	13	1,449	217	14.98
Maryland	27	4,379	538	12.29
Massachusetts	36	6,232	728	11.68
Michigan	94	16,650	1,918	11.52
Minnesota	26	3,734	490	13.12
Mississippi	25	28,684	3,350	11.68
Missouri	23	8,346	1,150	13.78
Montana	9	947	135	14.26
Nebraska	15	1,698	301	17.73

*Excluding Migrant and Indian Programs within States, as applicable.

APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1979-1980

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number Of Children	Number of Children Professionally Diagnosed As Handicapped January-March 1980	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1980
Nevada	4	389	75	19.28
New Hampshire	6	642	112	17.45
New Jersey	33	7,463	828	11.09
New Mexico	22	3,187	342	10.73
New York	146	15,913	2,134	13.41
North Carolina	43	9,183	909	9.90
North Dakota	5	469	76	16.20
Ohio	78	17,899	2,192	12.25
Oklahoma	28	6,748	895	13.26
Oregon	19	2,674	385	14.40
Pennsylvania	63	12,802	2,106	16.45
Rhode Island	9	1,209	186	15.38
South Carolina	20	5,702	666	11.68
South Dakota	7	831	105	12.64

*Excluding Migrant and Indian Programs within States, as applicable.

APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1979-1980

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number Of Children	Number of Children Professionally Diagnosed As Handicapped January-March 1980	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1980
Tennessee	24	7,980	1,029	12.89
Texas	91	17,830	1,934	10.85
Utah	9	1,561	227	14.54
Vermont	7	786	97	12.34
Virginia	31	4,120	551	13.37
Washington	27	3,553	582	16.38
West Virginia	24	3,209	537	16.73
Wisconsin	33	5,411	623	11.51
Wyoming	5	534	73	13.67
American Samoa	1	600	7	1.17
Guam	1	150	41	27.33
Puerto Rico	28	11,500	1,623	14.11
Trust Territories Of The Pacific Islands	6	1,486	11	0.74
Virgin Islands	1	998	22	2.20

*Excluding Migrant and Indian Programs with States, as applicable.

APPENDIX A (Continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1979-1980

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number Of Children	Number of Children Professionally Diagnosed As Handicapped January-March 1980	Percent of Enrollment Professionally Diagnosed As Handicapped January-March 1980
State Subtotal	1,634	340,938	41,866	12.28
Indian Programs	92	11,303	983	8.70
Migrant Programs	54	12,159	840	6.91
Total	1,780	364,400	43,689	11.99

*Excluding Migrant and Indian Programs within States, as applicable.

APPENDIX B

Distribution of Programs Reporting Types of Special Educational or Related Services Provided by Head Start Staff by Handicapping Condition

Full Year 1979-1980

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Individualized Teaching Techniques		Special Teaching Equipment		Psychotherapy, Counseling, Behavior Management		Physical Therapy, Physiotherapy		Speech Therapy, Language Stimulation	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	93	75.61	55	44.72	14	11.38	2	1.63	32	26.02
Visual Impairment	606	346	57.10	137	22.61	55	9.08	13	2.15	123	20.30
Deafness	113	96	84.96	37	32.74	16	14.16	3	2.65	57	50.44
Hearing Impairment	617	411	66.61	98	15.88	66	10.70	11	1.78	322	52.19
Physical Handicap	992	634	63.91	272	27.42	143	14.42	202	20.36	367	37.00
Speech Impairment	1,617	1,233	76.25	476	29.44	282	17.44	32	1.98	1,215	75.14
Health Impairment	1,053	598	56.79	155	14.72	181	17.19	53	5.03	353	33.52
Mental Retardation	768	693	90.23	300	39.06	257	33.46	60	7.81	533	69.40
Serious Emotional Disturbance	778	642	82.52	142	18.25	412	52.96	16	2.06	310	39.85
Specific Learning Disability	599	514	85.81	192	32.05	209	34.89	27	4.51	336	56.09

APPENDIX B (Continued)

Distribution of Programs Reporting Types of Special Educational or Related Services Provided by Head Start Staff by Handicapping Condition

Full Year 1979-1980

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Occupational Therapy		Education In Diet, Etc.		Transportation		Counseling for Parent or Family		Other Educational Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	3	2.44	17	13.82	35	28.46	51	41.46	11	8.94
Visual Impairment	606	18	2.97	55	9.08	146	24.09	211	34.82	48	7.92
Deafness	113	3	2.65	15	13.27	48	42.48	56	49.56	18	15.93
Hearing Impairment	617	8	1.30	63	10.21	170	27.55	268	43.44	39	6.32
Physical Handicap	992	83	8.37	152	15.32	332	33.47	411	41.43	83	8.37
Speech Impairment	1,617	56	3.46	239	14.78	538	33.27	820	50.71	83	5.13
Health Impairment	1,053	38	3.61	371	35.23	345	32.76	504	47.86	65	6.17
Mental Retardation	768	72	9.38	163	21.22	332	43.23	468	60.94	51	6.64
Serious Emotional Disturbance	778	35	4.50	132	16.97	244	31.36	484	62.21	49	6.30
Specific Learning Disability	599	53	8.85	110	18.36	201	33.56	351	58.60	37	6.18

APPENDIX C

Distribution of Programs Reporting Types of Special Services
Received from Other Agencies by Handicapping Condition

Full Year 1979-1980

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services							
		Physical Therapy		Speech Therapy Language Stimulation		Occupational Therapy		Medical Treatment	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	6	4.88	27	21.95	12	9.76	28	22.76
Visual Impairment	606	12	1.98	81	13.37	19	3.14	217	35.81
Deafness	113	6	5.31	80	70.80	4	3.54	23	20.35
Hearing Impairment	617	13	2.11	287	46.52	14	2.27	218	35.33
Physical Handicap	992	548	55.24	301	30.34	211	21.27	535	53.93
Speech Impairment	1,617	65	4.02	1,147	70.93	75	4.64	293	18.12
Health Impairment	1,053	109	10.35	215	20.42	56	5.32	737	69.99
Mental Retardation	768	117	15.23	398	51.82	103	13.41	293	38.15
Serious Emotional Disturbance	778	21	2.70	198	25.45	32	4.11	152	19.54
Specific Learning Disability	599	45	7.51	250	41.74	61	10.18	123	20.53

APPENDIX C (Continued)

Distribution of Programs Reporting Types of Special Services
Received from Other Agencies by Handicapping Condition

Full Year 1979-1980

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services							
		Medical Diagnosis, Evaluation Or Testing		Psychotherapy, Counseling, Behavior Management		Special Equipment For Child		Education in Diet, Nutrition	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	41	33.33	19	15.45	29	23.58	5	4.07
Visual Impairment	606	240	39.60	26	4.29	226	37.29	13	2.15
Deafness	113	62	54.87	15	13.27	62	54.87	4	3.54
Hearing Impairment	617	288	46.68	46	7.46	146	23.66	14	2.27
Physical Handicap	992	511	51.51	84	8.47	492	49.60	93	9.38
Speech Impairment	1,617	505	31.23	205	12.68	84	5.19	81	5.01
Health Impairment	1,053	607	57.64	119	11.30	95	9.02	299	28.40
Mental Retardation	768	393	51.17	224	29.17	103	13.41	106	13.80
Serious Emotional Disturbance	778	274	35.22	450	57.84	16	2.06	62	7.97
Specific Learning Disability	599	229	38.23	153	25.54	33	5.51	47	7.85

APPENDIX C (Continued)

Distribution of Programs Reporting Types of Special Services
Received from Other Agencies by Handicapping Condition

Full Year 1979-1980

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Special Teaching Equipment		Family Or Parental Counseling		Assistance In Obtaining Special Services		Other Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	24	19.51	57	46.34	52	42.28	47	38.21	29	23.58
Visual Impairment	606	66	10.89	60	9.90	134	22.11	124	20.46	45	7.43
Deafness	113	47	41.59	29	25.66	50	44.25	57	50.44	17	15.04
Hearing Impairment	617	96	15.56	46	7.46	194	31.44	169	27.39	44	7.13
Physical Handicap	992	224	22.58	81	8.17	396	39.92	332	33.47	58	5.85
Speech Impairment	1,617	296	18.31	178	11.01	538	33.27	373	23.07	81	5.01
Health Impairment	1,053	159	15.10	49	4.65	446	42.36	319	30.29	34	3.23
Mental Retardation	768	216	28.13	121	15.76	383	49.87	298	38.80	64	8.33
Serious Emotional Disturbance	778	131	16.84	45	5.78	456	58.61	224	28.79	46	5.91
Specific Learning Disability	599	104	17.36	66	11.02	215	35.89	158	26.38	53	8.85

APPENDIX D

Distribution of Programs Reporting Types of Special Services Provided to Parents of Handicapped Children by Handicapping Condition

Full Year 1979-1980

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services											
		Counseling		Literature/ Special Teaching Equipment		Referrals To Other Agencies		In-Service Meetings, Etc.		Special Classes		Medical Assistance	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	51	41.46	55	44.72	59	47.97	47	38.21	6	4.88	24	19.51
Visual Impairment	606	263	43.40	158	26.07	268	44.22	165	27.23	28	4.62	153	25.25
Deafness	113	58	51.33	46	40.71	64	56.64	50	44.25	24	21.24	26	23.01
Hearing Impairment	617	318	51.54	205	33.23	313	50.73	228	36.95	57	9.24	163	26.42
Physical Handicap	992	481	48.49	359	36.19	537	54.13	396	39.92	135	13.61	273	27.52
Speech Impairment	1,617	911	56.34	794	49.10	853	52.75	824	50.96	278	17.19	307	18.99
Health Impairment	1,053	576	54.70	387	36.75	563	53.47	388	36.85	74	7.03	344	32.67
Mental Retardation	768	483	62.89	359	46.74	492	64.06	398	51.82	114	14.84	205	26.69
Serious Emotional Disturbance	778	532	68.38	276	35.48	496	63.75	381	48.97	92	11.83	152	19.54
Specific Learning Disability	599	390	65.11	254	42.40	371	61.94	295	49.25	72	12.02	136	22.70

*U.S. GOVERNMENT PRINTING OFFICE:1982 522-026/5826 1-3

APPENDIX D (Continued)

Distribution of Programs Reporting Types of Special Services
Provided to Parents of Handicapped Children by Handicapping Condition

Full Year 1979-1980

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Workshops		Visits To Homes, Hospitals, Etc.		Parent Meetings		Other	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	42	34.15	25	20.33	50	40.65	45	36.59	7	5.69
Visual Impairment	606	210	34.65	130	21.45	227	37.46	207	34.16	23	3.80
Deafness	113	50	44.25	26	23.01	60	53.10	45	39.82	6	5.31
Hearing Impairment	617	229	37.12	137	22.20	273	44.25	246	39.87	29	4.70
Physical Handicap	992	394	39.72	273	27.52	466	46.98	414	41.73	37	3.73
Speech Impairment	1,617	629	38.90	497	30.74	718	44.40	713	44.09	61	3.77
Health Impairment	1,053	438	41.60	270	25.64	488	46.34	430	40.84	43	4.08
Mental Retardation	768	349	45.44	238	30.99	412	53.65	362	47.14	23	2.99
Serious Emotional Disturbance	778	295	37.92	212	27.25	406	52.19	356	45.76	29	3.73
Specific Learning Disability	599	237	39.57	185	30.88	310	51.75	286	47.75	27	4.51

55- copy cover + table of contents

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Washington, D.C. 20201

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

Postage and Fees Paid
U.S. DEPARTMENT OF H.H.S.
HHS-393

FOURTH CLASS SPECIAL RATE